FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instr	_	OV.		
1. NAME OF COMMITTEE (in	(Check if name	·	Office use only 12FE4M5		
, EMÇARE INC	POLITIÇAL ACTION COMMIT	TEE, , , , , , , , , , , ,			
	6200 S. Syracuse	e Way			
ADDRESS (number and	street) Suite 200				
(Check if addition is changed)	Greenwood Villa	ge	CO 80111 -		
		CITY▲	STATE▲ ZIP CODE ▲		
COMMITTEE'S E-MA					
Mark.Rector@	AMH.net 				
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
	<u> </u>	1111111111			
COMMITTEE'S FAX I 3034951481	NUMBER				
2. DATE 0 9					
3. FEC IDENTIFICA	ATION NUMBER	C C00398271			
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exam	ined this Statement and to the best of m	y knowledge and belief it is true, correct a	and complete		
Type or Print Name of	Treasurer Mark Rector				
Signature of Treasure	. Electronically Filed by Mark I	Rector	Date 09 / 24 / YYYYY		
NOTE: Submission of fa	·	n may subject the person signing this Sta	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530			

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, epublican,etc.) Party.
	(e) X This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party
6. I	Name of Any Connected Organization or Affiliated Committee	
<u>L</u>		
	Mailing Address .	
	L Dallas TX L 7	5201 _ 7365
	CITY▲ STATE▲	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organiza	tion
	Membership Organization Trade Association Cooperative	

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٧	Vrite or Type Commit	tee Name					
	EMCARE INC I	POLITICAL ACTIO	ON COMMITTEE				
7.		ords: Identify by ommittee books ar	name, address, (phone numb nd records.	er optional), and posit	ion of the	e person in	
	Full Name	Terri Olmsted					
	Mailing Address		6200 S Syracuse Way,	Suite 200			
			Greenwood Village			80111 _	
	Title or Position ♥		CITY A	STATI	A	ZIP COE	DE 🛦
	A	ssistant Treasure	er	Telephone number	303	_ 495 	1418
3.			ress (phone number optiona ed agent (e.g., assistant treas		e commit	tee; and the	
	Mailing Address		10207 Hexton Ct.				
			Lone Tree			80124 _	9769
	Title or Position ♥		CITY A	STATI	E ▲	ZIP COI	DE A
	т	reasurer		Telephone number	303	495	1213
	Full Name of Designated Agent	Terri Olmsted					
	Mailing Address		6200 S Syracuse Way,	Suite 200			
			Greenwood Village			80111 _	
	Title or Position ♥		CITY A	STATE	A	ZIP COD	E A
	A	ssistant Treasure	er	Tolophono numb	303	495	1418

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9.	Banks or Other D safety deposit boxe	epositories: List all banks or other depositories in which the committee deposits funds, holds accounts, as or maintains funds.	rents		
	Name of Bank, Dep	pository, etc.			
		JP Morgan Chase			
	Mailing Address	P.O. Box 655415			

CITY \triangle

75265 _ 5415

 $\textbf{ZIP CODE} \quad \triangle$

 $\mathbf{STATE}\, \triangle$

Dallas

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Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	ntains funds.	ttee deposits funds, holds accounts, rents]
Mailing Address			
	CITY 🛆	STATE ZIP CODE A	
Name of Ann Commonted	Ourse institute of Affiliated Committee		
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
American Medical Re	sponse Inc., Political Action Committee		
Mailing Address	6200 S Syracuse Way, Suite 200		
	Greenwood Village	CO 80111 _	
	CITY▲	STATE ZIP CODE A	
Relationship			
Type of Connected Organi	zation:		
X Corporation	Corporation w/o Capital Stock	Labor Organization	
Membership Orga	anization Trade Association	Cooperative	

Designated Agent			[ADDITIONAL]
Full Name Marl Mailing Address	Rector 10207 Hexton Ct.		
	Lone Tree	CO	80124 _ 9769

 Title or Position ▼
 CITY A
 STATE A
 ZIP CODE A

 Treasurer
 303
 495
 1213

 Telephone number
 Telephone number